

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

COVER PAGE

CALIFORNIA FORM 460

Date Stamp

Statement covers period
from 10/18/2020

through 12/31/2020

Date of election if applicable:
(Month, Day, Year)
11/05/2024

SEE INSTRUCTIONS ON REVERSE

Page <u>1</u>	of <u>8</u>
For Official Use Only 2021 FEB 13	
CITY CLERK'S OFFICE	

1. Type of Recipient Committee:

All Committees – Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
- Primary Formed Ballot Measure Committee
- State Candidate Election Committee
- Recall
- (Also Complete Part 5.)
- Controlled
- Sponsored
- (Also Complete Part 6.)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Candidate/
Officeholder Committee
(Also Complete Part 7.)

2. Type of Statement:

- Prelection Statement
- Semi-annual Statement
- Termination Statement
(Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1342332

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Fatino For Mayor 2024

Treasurer(s)

NAME OF TREASURER

Tom Martinez

MAILING ADDRESS

2624 Airpark Dr.

CITY STATE ZIP CODE AREA CODE/PHONE

Santa Maria CA 93455 (805) 934-5737

NAME OF ASSISTANT TREASURER, IF ANY

Trent Benedetti

MAILING ADDRESS

2151 S. College Dr., Ste. 101

CITY STATE ZIP CODE AREA CODE/PHONE

Santa Maria CA 93455

OPTIONAL: FAX / E-MAIL ADDRESS

tom@martinezassoc.net

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1-20-2021 Date 1-20-2021

By Tom Martinez Signature of Treasurer or Assistant Treasurer

By Tom Martinez Signature of Controlling Officeholder, Candidate, State Measure Proposer or Responsible Officer of Sponsor

By Tom Martinez Signature of Controlling Officeholder, Candidate, State Measure Proposer

By Tom Martinez Signature of Controlling Officeholder, Candidate, State Measure Proposer

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

COVER PAGE - PART 2

CALIFORNIA 460
FORM

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE		
Alice Patino Mayor	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	NAME OF BALLOT MEASURE
	RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP
2624 Airpark Drive	Santa Maria CA	93455

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF TREASURER	STREET ADDRESS (NO P.O. BOX)	AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER	JURISDICTION	BALLOT NO. OR LETTER	NAME OF OFFICEHOLDER OR CANDIDATE	SUPPORT <input type="checkbox"/> OPPOSE <input type="checkbox"/>	SUPPORT <input type="checkbox"/> OPPOSE <input type="checkbox"/>
COMMITTEE NAME	I.D. NUMBER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF TREASURER	STREET ADDRESS (NO P.O. BOX)	AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER	JURISDICTION	BALLOT NO. OR LETTER	NAME OF OFFICEHOLDER OR CANDIDATE	SUPPORT <input type="checkbox"/> OPPOSE <input type="checkbox"/>	SUPPORT <input type="checkbox"/> OPPOSE <input type="checkbox"/>
COMMITTEE NAME	I.D. NUMBER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF TREASURER	STREET ADDRESS (NO P.O. BOX)	AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER	JURISDICTION	BALLOT NO. OR LETTER	NAME OF OFFICEHOLDER OR CANDIDATE	SUPPORT <input type="checkbox"/> OPPOSE <input type="checkbox"/>	SUPPORT <input type="checkbox"/> OPPOSE <input type="checkbox"/>
COMMITTEE NAME	I.D. NUMBER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF TREASURER	STREET ADDRESS (NO P.O. BOX)	AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER	JURISDICTION	BALLOT NO. OR LETTER	NAME OF OFFICEHOLDER OR CANDIDATE	SUPPORT <input type="checkbox"/> OPPOSE <input type="checkbox"/>	SUPPORT <input type="checkbox"/> OPPOSE <input type="checkbox"/>

Attach continuation sheets if necessary

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE		
BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER

Campaign Disclosure Statement Summary Page

Amounts may be rounded
to whole dollars.

CALIFORNIA 460	
Statement covers period	from <u>10/18/2020</u>
	through <u>12/31/2020</u>
I.D. NUMBER	
<u>1342332</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Batino for Mayor 2024

Contributions Received

Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE
Schedule A, Line 3	\$ <u>6,250.00</u>	\$ <u>27,021.00</u>
Schedule B, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>
Add Lines 1 + 2	\$ <u>6,250.00</u>	\$ <u>27,021.00</u>
Schedule C, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>
Add Lines 3 + 4	\$ <u>6,250.00</u>	\$ <u>27,021.00</u>

Expenditures Made

Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE
Schedule E, Line 4	\$ <u>6,327.24</u>	\$ <u>15,908.63</u>
Schedule H, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>
Add Lines 6 + 7	\$ <u>6,327.24</u>	\$ <u>15,908.63</u>
Schedule F, Line 3	\$ <u>-1,317.04</u>	\$ <u>0.00</u>
Schedule C, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>
Add Lines 8 + 9 + 10	\$ <u>5,010.20</u>	\$ <u>15,908.63</u>

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ <u>17,182.68</u>	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts	Column A, Line 3 above	\$ <u>6,250.00</u>	*Amounts in this section may be different from amounts reported in Column B.
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ <u>0.00</u>	
15. Cash Payments	Column A, Line 8 above	\$ <u>6,327.24</u>	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>17,105.44</u>	
If this is a termination statement, Line 16 must be zero.			
17. LOAN GUARANTIES RECEIVED	Schedule B, Part 2	\$ <u>0.00</u>	
18. Cash Equivalents	See instructions on reverse	\$ <u>0.00</u>	
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ <u>0.00</u>	

Cash Equivalents and Outstanding Debts

- See instructions on reverse
- See Line 2 + Line 9 in Column B above
- See Line 2 + Line 9 in Column B above
- See Line 2 + Line 9 in Column B above

Schedule A Monetary Contributions Received

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Batino for Mayor 2024

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<u>1342332</u>

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/22/2020	Sempra Energy 488 8th Ave San Diego, CA 92101	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00 G2020	\$250.00
10/23/2020	Pat Cusack / TWJ Sons LLC P. O. Box 5759 Santa Maria, CA 93456	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Honda of Santa Maria	1,000.00	1,000.00 G2020	\$1,000.00
10/23/2020	Ari Sacha Nathan 2467 Pesquera Dr. Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Dynamic Real Estate Partners	2,000.00	2,000.00 G2020	\$2,000.00
10/23/2020	Damon Porter 1740 Westridge Road Los Angeles, CA 90049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Dynamic Real Estate Partners	2,000.00	2,000.00 G2020	\$2,000.00
11/04/2020	Southwest Regional Council of Carpenters Political Action Fund (ID# 870169) 533 South Fremont Ave, 10th Floor Los Angeles, CA 90071	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00 G2020	\$1,000.00
					SUBTOTAL \$	6,250.00

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.)\$ 6,250.00
- Amount received this period – unitemized monetary contributions of less than \$100\$ 0.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)**TOTAL \$** 6,250.00

*Contributor Codes

IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule E Payments Made

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Patino for Mayor 2024

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CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications
CNS	campaign consultants	MTG	meetings and appearances
CTB	contribution (explain nonmonetary)*	OFC	office expenses
CVC	civic donations	PET	petition circulating
FIL	candidate filing/ballot fees	PHO	phone banks
FND	fundraising events	POL	polling and survey research
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services
LEG	legal defense	PRO	professional services (legal, accounting)
LIT	campaign literature and mailings	PRT	print ads

NAME AND ADDRESS OF PAYEE (If Committee, also enter I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
John Patino 609 Mill St. Santa Maria, CA 93458	RAD		1,317.04
Ben Slocum Media 698 Don Pablo Drive Santa Maria, CA 93455	RAD	Reimburse Expenses	800.00
John Patino 609 Mill St. Santa Maria, CA 93458			134.50

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ _____ 6,263.21
- Unitemized payments made this period of under \$100 \$ _____ 64.03
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ _____ 0.00
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ _____ 6,327.24**

**Schedule E
(Continuation Sheet)
Payments Made**

Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILLER

Patino for Mayor 2024

SCHEDULE E (CONT.)	
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CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications
CNS	campaign consultants	MTG	meetings and appearances
CTB	contribution (explain nonmonetary)*	OFC	office expenses
CVC	civic donations	PET	petition circulating
FIL	candidate filing/ballot fees	PHO	phone banks
FND	fundraising events	POL	polling and survey research
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services
LEG	legal defense	PRO	professional services (legal, accounting)
LIT	campaign literature and mailings	PRT	print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
John Patino 609 Mill St. Santa Maria, CA 93458			Reimburse Expenses	545.17
Benedetti & Associates, Inc. 2151 S. College Dr Ste 101 Santa Maria, CA 93455	PRO		Accounting	933.00
Teresa Menchaca 429 El Cerrito Dr. Santa Maria, CA 93455	CNS			2,500.00
Benedetti & Associates, Inc. 2151 S. College Dr Ste 101 Santa Maria, CA 93455	PRO			33.50
				SUBTOTAL \$
				4,011.67

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule F Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Patin for Mayor 2024

CODES: If one of the following codes accurately describes your campaign, explain:
CMP campaign parapernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule F Summary

- | | | | |
|----|--|---------------------------|------------------|
| | | INCURRED TOTALS \$ | 0.00 |
| 1. | Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) | | |
| 2. | Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) | | |
| 3. | Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) | NET \$ | -1,317.04 |

FPPC Form 460 (Jan/2016)

FPPC Form 460 (Jan/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3777)

**Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

Amounts may be rounded to whole dollars.

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)		Amounts may be rounded to whole dollars.
SEE INSTRUCTIONS ON REVERSE		
NAME OF FILER	Patino for Mayor 2024	
NAME OF AGENT OR INDEPENDENT CONTRACTOR		John Patino
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CODES: If one of the following codes accurately describes the payment, you may enter

CMP	campaign paraphernalia/misc.
CNS	campaign consultants
CTB	contribution (explain nonmonetary)*
CYC	civic donations
FIL	candidate filing/ballot fees
FND	fundraising events
IND	independent expenditure supporting/opposing others (explain)*
LEG	legal defense
LIT	campaign literature and mailings
MBR	member communications
MTG	meetings and appearances
OFC	office expenses
PET	petition circulating
PHO	phone banks
POL	polling and survey research
POS	postage, delivery and messenger services
PRO	professional services (legal, accounting)
PRT	print ads
RAD	radio airtime and production costs
RFD	returned contributions
SAL	campaign workers' salaries
TEL	t.v. or cable airtime and production costs
TRC	candidate travel, lodging, and meals
TRS	staff/spouse travel, lodging, and meals
TSF	transfer between committees of the same candidate/sponsor
VOT	voter registration
WEB	information technology costs (internet, e-mail)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Attach additional information on appropriately labeled continuation sheets.

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as recorded on Schedule E.